

## STATE OF TEXAS ACKNOWLEDGMENT OF PATERNITY

This is a legal document. Type or Print in black ink. Parents are to be given a copy of this completed document.

We declare under pen	alty of perjury that	Biological Father	's first	middle	last name
is the biological father	of				
is the olological lattice	Child's first		middle	last name	
born on/dd	/, in	city		county	state
	, , , ,	cuy		county	State
Mother's first	middle	last name		maiden name if di	Second .
Model 3 Inst	BIRALIE	iasi panc		maiden name it di	Icient
//					
Father's date of birth	social security number	address		city	state zip code
//					
Mother's date of birth	social security number	address		city	state zip code
We further declare und		-			
of, and the alternati	nent and child support ve to signing this Acl	t services; and knowledgment.	the legal conseq	uences of, the righ	the availability of and responsibilities this child has been filed.
• There is no court order naming another man as the biological father of this child.					
• A genetic test has not determined that another man is the biological father of this child.					
Fill one circle by the co					
O There has not been general above to determine if he			O Genetic ter biological	sting has determined father of this child.	that the man listed above is the
The mother was not man biological father at the tin 300 days prior to the child order that states that the root the father of the child the child's life, no man coand represented the child	me of the child's birth or d's date of birth, or there man the mother was mar l, and during the first two ontinuously lived with the lived with the lived with the minuously lived with the minuously lived with the lived with lived with the lived with lived with live	within e is a court ried to is o years of	father at the before the life, a man child as his	e time of the child's be child's birth or during continuously lived we sown; and that man he below or has a Denial	eone other than the biological irth or during the 300 days the first two years of the child's ith the child and represented the as completed the Denial of of Paternity filed with the Vital
E-B-Ci	/.	3-4	F. U.G	-636-43	/
Full Signature of Biologic		date	Full Signatur		date
Denial of Paternit	Y (only required if "moth years of life, a man contin	er was married to	someone other than	the biological father or i	f, during the child's first two
We declare under penalty of	Presume	ed Father's first	m	iddle	last name
the presumed father of the removes the presumed fath					
Full Signature of Presume		date	Full Signatur	re of Mother	date
Presumed Father's date of birth	social security number	Presumed I	ather's address	city	state zip code
xas Department of State Health Se tal Statistics Unit	rvices			Entity Code	48424

Texas Department of State He Vital Statistics Unit VS-159.1M Revised 9/2005





